

Alcohol and Substance Abuse Policy

Policy ID	HR02
Version	2.0
Owner	Ramya Pillay
Approving Committee	Executive Committee
Last review date:	15 th December 2015
Next review date:	15 th December 2018

Version History

V.	Date	Status and/ or amendments
V1.0	29/09/2013	First draft
V2.0	04/12/2015	Second draft

Equality statement

Surrey Downs Clinical Commissioning Group (Surrey Downs CCG) aims to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others. It takes into account the Human Rights Act 1998 and promotes equal opportunities for all. This document has been assessed to ensure that no-one receives less favourable treatment on grounds of their gender, sexual orientation, marital status, race, religion, age, ethnic origin, nationality, or disability. Members of staff, volunteers or members of the public may request assistance with this policy if they have particular needs. If the person requesting has language difficulties and difficulty in understanding this policy, the use of an interpreter will be considered.

Surrey Downs CCG embraces the six staff pledges in the NHS Constitution. This policy is consistent with these pledges.

Equality analysis

This policy has been subject to an Equality Analysis, the outcome of which is recorded below.

		Yes, No or N/A	Comments
1.	Does the document/guidance affect one group less or more favourably than another on the basis of:		
	Age Where this is referred to, it refers to a person belonging to a particular age (e.g. 32 year olds) or range of ages (e.g. 18 - 30 year olds).		
	Disability A person has a disability if s/he has a physical or mental impairment which has a substantial and long-term		

	adverse effect on that person's ability to carry out normal day-to-day activities.		
	<p>Gender reassignment</p> <p>The process of transitioning from one gender to another.</p>		
	<p>Marriage and civil partnership</p> <p>In England and Wales marriage is no longer restricted to a union between a man and a woman but now includes a marriage between a same-sex couple.</p> <p>Same-sex couples can also have their relationships legally recognised as 'civil partnerships'. Civil partners must not be treated less favourably than married couples (except where permitted by the Equality Act).</p>		
	<p>Pregnancy and maternity</p> <p>Pregnancy is the condition of being pregnant or expecting a baby.</p> <p>Maternity refers to the period after the birth, and is linked to maternity leave in the employment context. In the non-work context, protection against maternity discrimination is for 26 weeks after giving birth, and this includes treating a woman unfavourably because she is breastfeeding.</p>		
	<p>Race</p> <p>Refers to the protected characteristic of</p>		

	Race. It refers to a group of people defined by their race, colour, and nationality (including citizenship) ethnic or national origins		
	Religion and belief Religion has the meaning usually given to it but belief includes religious and philosophical beliefs including lack of belief (e.g. Atheism). Generally, a belief should affect your life choices or the way you live for it to be included in the definition		
	Sexual orientation Whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes		
2.	Is there any evidence that some groups are affected differently?		
3.	If you have identified potential discrimination, are there any exceptions valid, legal and/or justifiable?		
4.	Is the impact of the document/guidance likely to be negative?		
5.	If so, can the impact be avoided?		
6.	What alternative is there to achieving the document/guidance without the impact?		
7.	Can we reduce the impact by taking different action?		

For advice in respect of answering the above questions, please contact the Corporate Office, Surrey Downs CCG. If you have identified a potential discriminatory impact of this procedural document, please contact as above.

Names and Organisation of Individuals who carried out the Assessment	Date of the Assessment

1 Introduction

Surrey Downs Clinical Commissioning Group (CCG) is committed to ensuring a safe, healthy and productive working environment and minimising problems arising from the misuse of drugs and alcohol at work or where the use of drugs or alcohol in an employee's own time affects their work performance.

2 Scope

This policy applies to all staff employed within the CCG, contractors and agency staff.

3 Definitions

- For the purpose of this policy, the terms "alcohol misuse" and "substance misuse" mean the use of alcohol, legal or illegal drugs, solvents and other substances in an excessive, habitual or harmful way or in any other way that results in an impairment to the user's health and safety, work performance, conduct at work or social functioning.
- An alcohol or substance misuse problem is defined as any situation whereby a person's use of alcohol, legal or illegal drugs, solvents or other substances, either intermittently or continuously, affects his or her health and/or work performance, conduct at work or social functioning.
- Inappropriate drinking means, a person is under the undue influence of alcohol whilst on CCG business. Such situations will be dealt with under the Disciplinary or Performance management policy.

4 Responsibilities

4.1 Responsibility of Staff

- All persons undertaking CCG business have a responsibility to ensure that they are capable of performing their duties in a safe and satisfactory manner and are not impeded by the consumption of alcohol, drugs or other harmful substances.

- Employees must not drive vehicles, either CCG-owned or their own personal vehicle, for the purposes of work whilst they are under the influence of alcohol, drugs or other substances.
- Where an individual reasonably considers that a colleague may have an alcohol, drug or substance misuse problem, or if they reasonably believe that a colleague is under the influence of alcohol, drugs or other substances whilst at work, they should raise the matter with their line manager or other CCG senior manager. Any concerns must always be raised and treated in the strictest confidence.
- Where an individual is undergoing treatment for an alcohol, drug or substance misuse problem, it is their responsibility to ensure they comply fully with the requirements of that programme of treatment and that they fully engage with it. The CCG reserves the right to refer an individual in treatment to the Occupational Health Service in order to understand the implications for it as an organisation statutory duties for the safety of both the individual and other members of the workforce.

4.2 Responsibility of Line Managers

- Managers are expected to offer assistance and motivate staff to seek and accept counselling/treatment where substance/alcohol abuse is suspected.
- Managers are not expected to diagnose or attempt to treat suspected alcohol, drug or substance misuse problems by themselves.
- Their role will be to monitor job performance and attendance at work, to identify a deteriorating pattern of performance and/or attendance and to take corrective or supportive action when required in accordance with this policy, including timely manner. Please refer to Appendix 1 for guidance.
- Managers should, when necessary, formally refer an employee to the Occupational Health service for the reasons set out in section 4.1.

4.2 Responsibility of Human Resources

- Human Resources (HR) should ensure that managers are given the appropriate amount of support on implementation of this policy.

- HR should also advise on disciplinary action that may be taken in relation to the abuse of alcohol and/or substances at work.

5 Process for addressing alcohol and substance abuse

- a. As with any problem affecting ability to work, it is important to identify alcohol or drug problems at an early stage when help may stand a better chance of success.
- b. If an employee seeks help for an alcohol/drug problem, they should be referred to Occupational Health who will assist in the drawing up of an agreement.
- c. If a Manager notices deterioration in work performance below acceptable levels, then they should:
 - a. Contact the HR team
 - b. Make careful notes about the problem and specific instances
 - c. Use the CCG's policies and procedures to help the employee to understand the implications of their problem in terms of deterioration in performance and the possible implications of this.
- d. Should the cause of unacceptable performance be found to be due to problems with alcohol or drugs, then an agreement should be drawn up between the employee and Occupational Health, with advice from the Human Resources Team and the Line Manager.
- e. The Agreement must cover:
 - a. A definition of what is suitable and acceptable treatment, e.g. regular attendance at an Out-Patient Clinic, Counselling Service etc.;
 - b. Specific review dates;
 - c. Action in the event of further deterioration during or after treatment;
 - d. Confidentiality.
- f. If an employee needs to be absent from work to undergo a programme of treatment, the absence will be regarded as normal sickness absence and sick pay will be paid in accordance with normal terms and conditions of service. Where an employee is able to continue working during the treatment period, reasonable time off with pay will be granted to allow them to attend appointments.
- g. Following a period of treatment, the employee will either return to work or, if there has been no absence, continue working in their existing post. Where it may prove detrimental for either the employee or the service, for them to remain in or return

to, their existing post, alternative employment may be sought. Dependent upon the particular circumstances, this may be for a temporary period, at the end of which they will return to their original post.

- h. A return to work plan must be drawn up for all employees returning to work following absence for treatment. Such a plan should be drawn up in conjunction with the Occupational Health Service and taking into account advice from any external agencies who may have been involved in the care and treatment of the affected employee. A phased return to work could be considered temporarily, to allow the returning employee time to settle back into their work responsibilities.
- i. As part of the return to work, the manager will hold regular meetings with the employee to monitor their work performance, behaviour and progress. This will be done in conjunction with regular appointments with the Occupational Health Service, to ensure the employee is fully supported in their role.
- j. When the manager has reviewed the situation and the individual has responded to treatment and improved work performance has been maintained, it is essential to continue to monitor progress.
- k. Unfortunately, there may be cases where, despite every effort to provide support and guidance, an employee is unable to recover sufficiently in order to resume their work activities, relapses become a regular occurrence, it becomes obvious that the employee might not be able to manage their problem in the foreseeable future. In such cases, the Disciplinary or Performance Management policies may be invoked and their continuing employment with the CCG will be considered. In this respect, timescales for improvement should be set, however each case will be assessed on its merits and timescales set accordingly and with input from Occupational Health to ensure they are realistic and potentially achievable.
- l. No alcohol should be brought into or consumed on CCG premises, unless previously agreed by a Senior Manager for a formal function. The consumption of alcohol or use of any substance, that may impede an employees working capability, is prohibited. Drinking alcohol during lunch breaks and before evening work is therefore discouraged. All employees are individually responsible for taking all reasonable precautions to ensure their fitness for work. Managers may, however, periodically wish to remind employees of their individual responsibility for this.

m. If, whilst under the influence of alcohol, drugs or other substances at work, an employee were to behave in a way which could be regarded as gross misconduct, for example carries out an assault, behaves indecently, causes malicious damage to property or threatens in any way the health and safety of a patient, a member of the public or another member of staff then, irrespective of whether support may also be appropriate for an underlying problem, disciplinary action will be taken which could result in dismissal.

6 Associated Documentation

This policy should be read in conjunction with the following other CCG policies:

- HR01 Attendance Management
- HR03 Disciplinary Policy
- HR04 Grievance and Dignity at Work
- HR06 Health and Safety
- HR07 Performance Management

APPENDIX 1 Guidance for Managers – Recognising the Problem

No single characteristic exists to identify alcohol, drug or other substance misuse, however the following indicators, especially when occurring over a period of time or where a number of the indicators occur together, MAY indicate that there is a problem:

a) Absenteeism

Increased absenteeism, such as increased frequency of days off, repeated absence on the first and last days of the working week, increased minor illnesses, frequent lateness for work, fabricating reasons for leaving work early and unexplained disappearances from the work place.

b) High accident rate

Involvement in accidents such as frequent injuries at work and elsewhere, increased time off due to accidents, careless handling of equipment and methods of work & lack of safety sense.

c) Changes in or poor work performance

Changes in work performance such as lower productivity, spasmodic work pace, poor concentration and quality of work, high levels of mistakes and errors in judgement, quickly becoming fatigued and lying about work performance, improbable excuses for poor quality work, unreliability and unpredictability, memory loss, poor levels of concentration, reluctance to accept responsibility.

d) Changes in personality and/or behaviour

Neglect of details, tendency to blame others for own shortcomings, sensitivity about references to drinking or drugs, becoming intolerant of others, increased nervousness, hand tremors, swelling or flushing of the face,

neglect of personal hygiene or appearance, fluctuating relationships with colleagues, irritability, sudden mood swings, frequent borrowing of money.

It must be stressed that all of these indicators may be totally unrelated to alcohol or substance misuse and, where a number of the indicators exist, managers should discuss these with the employee at the earliest possible opportunity in order that any problems that do exist, whether they be alcohol, drug or substance misuse related or otherwise, can be identified and dealt with early and support offered appropriately.